U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U - 2524

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

01 / 01 / 2005 Through: 12 / 31 / 2005

P.O. Box, Bldg., Room No., if any Unit	Name Palific IV. IV. Rog. Ional Counc. If Carp Labor Organization File Number 540-172 P.O. Box, Building and Room Number, if any Suite 200
Street 14007 49th Or. C.E.	Street 25120 Palific HWy So.
city Shohoni ish	City Ken. t
State NA ZIF Code + 4 95294	State Wa ZIP Code + 4 99032
5. Position in labor organization. Trust Refi	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct and complete. (See the section of the contained in the section of the contained in th	g documents), has been exa	mined by the signatory and is, to the best of the
Signed Ju M Ohr -	On <u>3~31~ 06</u> Date	204 419 4128 Telephone Number

Street

City

State

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade rame if any)	9. Business deals with:	
Name		
	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	b. 11dgt	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b, or 9.c, is checked give trust or employers name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box Bldg., Room No., if any		
Street		
0.4	11 b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest h∉ld or income received.	
State ZFG Code + 4		
	12.b. Amount,	
C. Received from any employer (other than at employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name Carpenders Trusting W. WA	Permhared Travel expenses for Foundation med xing, 12-19-2005	
Trade Name, if any:	12-19-205	
P.O. Box, Bidg., Room No., if any D. Party 192-7		
Street		

Z13 Code + 4 9811/ - 1929

or Consultant

?

14.b. Amount of payment

State WA

city 5 en H/a

13.b. Is the Business an Employer 🗼

12600

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Coce + 4

10. If 9.b. or 9.c. is checked give trust or employer's name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIF Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest hald or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Carpenters Trusts JW. WA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.V. B. X 1629

13.b. Is the Business an Employer 🔏

Street

city seathly

State Wa

ZIF Coce + 4 98/1/-1929

7

or Consultant

14.a. Nature of payment.

Trust proveded ment at Trust
mentings
11-22-2005

14.b. Amount of payment

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP C ide + 4

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIF Coce + 4

Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount,

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Para Y 1129

Street

City Sentthe

State Wi

ZIP Code + 4 98/11- 1929

13.b. Is the Business an Employer

or Consultant

14.a. Nature of payment.

Name Carpenter Trusts of W. Wa Trust Mieting

Trade Name, if any:

10-11-2005

14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, flany). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Cade + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any:

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.

17.05 f prov. Lad men. | at men. | at

Trade Name, if any: 6-14-2005

P.O. Box, Bldg., Room No., if any Post 1929

Street

City Sea Hhe

P.O. Box, Bldg., Room No., if any

Street

City

State

State Wa

ZIF Coce + 4 9811/ - 1929

Zir Coce + 4 · fo m / /

13.b. Is the Business an Employer

or Consultant

ZIF Code ± 4

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14.b. Amount of payment.

Approximate dollar value of such dealing.

12.a. Nature of interest heid or income received.

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Name of Person Filing		F le Number U-
substantial part of which consis of an employer whose employe (2) any part of which consists of	I income or economic benefit with monetits of buying from selling or leasing to, or es your labor organization represents or f buying from or selling or leasing directly ation or with a trust in which your labor or	r otherwise dealing with the business is actively seeking to represent, or y or indirectly to, or otherwise
8. Name and address of Busines	ss (including trace name, if any).	9. Business deals with.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if a Street City State	ZIF Coce + 4	a. Labor Organ⁄zation b. ∓rust c. Employer
10. If 9.b. or 9.c. is checked giv Name Trade Name, if any:	e trust or employer's name.	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if a	ny	
Street City		11.b. Approximate dollar value of such dealing. 12.a. Nature of interest he'd or income received.
State	ZIP Code 4	12.a. Mature of interest relic of friconte received.

or from any labor relations consultant to an employer covered under parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Trust Prisided meal at Trust
Name Carpenters Trust	meexing 1-6-03
Trade Name, if any:	4-4-03
P.O. Box, Bldg., Room No., if any P. D. Box 1929	
Street	
City Seathle	
State Win, Z-P Code - 4 9811/ - 1929	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment 90 29
Form (N. 30 /2003)	

12.b. Amount.

Name of Person Filing File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from silling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor organization or with a trust in	which your labor organization is interested.
8. Name and address of Business (including trade name Name Trade Name, if any; P.O. Box, Bldg., Room No., if any Street City State ZIF Cod	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ame. 11.a. Nature of such dealing.
Street City State ZIF Co	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Rela ions Consultant hegistention for 2005 Trustee Training (including trade name, if any). Name Carpenters Trusts of its Wir. Trade Name, if any: P.O. Box, Bldg., Room No., if any D. Box 1929 Street Sea Hly State Wi ZIF Coce + 4 95/1/ ~1929 14.b. Amount of payment 97500 13.b. Is the Business an Employer X or Consultant

12.b. Amount.

File Number U-

substantial part of which consists of buying from salting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade	name, if any),	9. Business deals with:
Name		a. Labor Organization
Trade Name, if any:		b. Trust
P.O. Box, Bldg., Room No., if any Street		c. Employer
City		
State ZIP	Coae + 4	
10. If 9.b. or 9.c. is checked give trust or employed	er's name	11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street		
Street		11.b. Approximate dollar value of such dealing.
City		12.a. Nature of interest he d or income received.
State ZIF	Code + 4	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Carpan Hers Trusts of Vin Win * Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.8 13: x 19.29	14.a. Nature of payment. Rogistric Known for Mayle in America Conference 195-00 1-6005
Street City 5 on H/L State Wa ZIP Code + 4 98//1-1929	
13.b. Is the Business an Employer 7 cr (o isultant ?	4.b. Amount of payment.

12.b. Amount.